

UC-52 (R-02-02) State of New Jersey Department of Labor DIVISION OF EMPLOYER ACCOUNTS PO Box 076 Trenton, New Jersey 08625- 0076	EMPLOYER CERTIFICATION OF WAGES AND DEDUCTIONS FOR NEW JERSEY HEALTHCARE SUBSIDY FUND, WORKFORCE DEVELOPMENT PARTNERSHIP FUND, UNEMPLOYMENT, AND DISABILITY INSURANCE FOR THE CALENDAR YEAR 2001
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TO: (ENTER EMPLOYER'S NAME AND ADDRESS) 	FROM: (Enter Worker's Name and S.S. No.) Social Security No. _____
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EMPLOYER INSTRUCTIONS FOR COMPLETING UC-52

The above-named worker is seeking a refund of excess worker contributions deducted during the calendar year of 2001 by reason of having worked for two or more employers. Section 12:16-15 of the New Jersey Administrative Code directs employers to furnish, upon request, certification of wages and deductions.

The maximum deduction authorized by Law for 2001 is \$44.20 for Health Care Subsidy Fund, \$5.53 for Workforce Development Partnership Fund, 44.20 for Unemployment Insurance, and \$110.50 for Disability Insurance. IF YOU DEDUCTED MORE THAN THESE AMOUNTS, THE DIFFERENCE MUST BE REFUNDED BY YOU DIRECTLY TO YOUR EMPLOYEE.

Complete, where applicable, the statement of deductions (Items 1 through 8) and the statement of certification (Items 9 through 11) and return the form directly to the worker. If no deductions were made, enter "NONE" in the appropriate section.

If you are a Private Plan employer, you will be assessed your proportionate share of any excess Private Plan Disability Insurance deductions refunded from the State Disability Benefit Fund.

**STATEMENT OF DEDUCTIONS MADE FROM TAXABLE WAGES PAID IN THE ABOVE YEAR FOR
NEW JERSEY COVERED EMPLOYMENT**

(1) TOTAL WAGES \$ _____	EXCESS OF \$22,100 \$ _____	TAXABLE WAGES \$ _____
(2) DEDUCTIONS MADE FOR NEW JERSEY HEALTH CARE SUBSIDY FUND (NOT TO EXCEED \$44.20)		\$ _____
(3) DEDUCTIONS MADE FOR NEW JERSEY WORKFORCE DEVELOPMENT PARTNERSHIP FUND (NOT TO EXCEED \$5.53)		\$ _____
(4) DEDUCTIONS MADE FOR NEW JERSEY UNEMPLOYMENT INSURANCE (NOT TO EXCEED \$44.20)		\$ _____
(5) DEDUCTIONS MADE FOR NEW JERSEY STATE PLAN DISABILITY INSURANCE (NOT TO EXCEED \$110.50)		\$ _____
(If worker was covered under approved private plan, do NOT enter deduction here)		
(6) DEDUCTIONS FOR NEW JERSEY PRIVATE PLAN DISABILITY INSURANCE (NOT TO EXCEED \$110.50) (Do not include deductions for additional benefits under any supplementary plan.) (If employer is required to pay all private costs, enter "NONE")		\$ _____
(7) IF YOU ANSWERED ITEM 5, FILL IN THE NUMBER OF THE APPROVED PRIVATE PLAN UNDER WHICH THE DEDUCTIONS WERE MADE # _____	(Number assigned to your plan by Disability Insurance Service - See certificates of Approval, Transfer or Modification, Forms DP-5A, B or C)	
(8) TOTAL DEDUCTIONS (MAXIMUM AUTHORIZED BY LAW IS \$204.43) (2) + (3) + (4) + (5) AND/OR (6)		\$ _____

I certify that the foregoing statement is complete and true; that no portion of the deductions has been refunded to the employee; and that the taxable wages have been included in the contribution reports filed with the New Jersey Employment Security Agency. The employer agrees to indemnify the Employment Security Agency for any refunds made on the basis of an incorrect or untrue certification.

(9) EMPLOYER'S NAME _____ <small>(Enter name as printed on your quarterly contribution report)</small>	DATE _____
(10) SIGNATURE _____ <small>(To be signed by owner, partner, officer of the corporation or other responsible officer)</small>	OFFICIAL POSITION _____
(11) EMPLOYER'S NEW JERSEY E.I.N. No _____	<small>(if none assigned, explain on reverse side)</small>

SPACE BELOW RESERVED FOR OFFICE USE		
E.I.N. NO.	PLAN	STATUS